Alexandria, VA 22313-1450  SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Companies of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encompanies of the verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encompanies of the verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encompanies of the verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encompanies of the verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encompanies of the verified statement to established a verified	ART Attorney's	s Docket No.	04239	00.P6942	_					Pate
Application No.: 09/475,717  Filed: December 30, 1999  For: METHOD AND APPARATUS FOR FULLY AUTOMATED SIGNAL INTEGRITY ANALYSIS DOMINO CIRCUITRY  Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450  Alexandria, VA 22313-1450  SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Commissioner for Patents P.O. Box 1450  Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been establisher a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a composed by a comp	In re the	Application o	f: <u>Nar</u>	rdin et al.		/i	nyontoris	-11		
Pomino Circuitry  Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450  Alexandria, VA 22313-1450  SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Commissioner for Patents P.O. Box 1450  SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Commissioner for Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed in the properties of the properties	Application	on No.: <u>09</u>	/475,717	7		- ''		·// <del></del>		
Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Commissioner for Patents Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established a verified statement previously submitted. A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encomposed by a verified statement previously Paid For Extra  Total Claims Previously Present Previously Paid For IN THIS SPACE is less than 3, write "3" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  *** The "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.	Filed: _	December 3	<u>0, 1999</u>							
Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Commissioner for Patents  Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encionated as shown below:  The fee has been calculated as shown below:  OTHER THAN  SMALL ENTITY  OTHER THAN  SMALL ENTITY  OTHER THAN  SMALL ENTITY  OTHER THAN  SMALL ENTITY  Additional  Rate Fee  X18 \$ 0.0  X84 \$ 0.0  X84 \$ 0.0  X84 \$ 0.0  X84 \$ 0.0  Total  Claims  First Presentation of Multiple  Dependent Claim(s)  If the "Highest No. Previously Paid For" IN THIS  SPACE is less than 20, write "20" in this space.  The "Highest No. Previously Paid For" IN THIS  SPACE is less than 20, write "20" in this space.  The "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally	For:	METHOD AN	ID APPA	ARATUS FOR	FULLY AU	TON	/ATED	SIGNAL INT	EGRITY AN	ALYSIS FO
Commissioner for Patents P.O. Box 1450  Alexandria, VA 22313-1450  SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Commissioner for Patents  Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional fee is required.  The fee has been calculated as shown below:  Col. 1) (Col. 2) (Col. 3)  Claims Highest No. Previously Present After Amd. Praid For Extra  Total Claims 19 Minus *** 24 0  Indep. Claims * 19 Minus *** 24 0  First Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  * If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally	DOMINO	CIRCUITRY		<del>_</del>	(4:41.	٥١				AEN.
P.O. Box 1450 Alexandria, VA 22313-1450  SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Comparison of the above application and 1.27 has been established. A distributed and 1.27 has been establis				nt	(uu	e)			HE	CEIV
SIR: Transmitted herewith is a Response and Amendment for the above application. Technology Companies of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional to state the entity in col. 1 is encional to established a verified statement previously Present and the small entity status under 37 C.F.R. §§ 1.9 and 1.27 has been established a verified statement previously encions the entity in col. 2 is encional to established.  A verified statement previously Present and the entity in col. 3 is encional the entity in col. 4 additional Rate Fee and Add			ents						j	UN 272
a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 has been established.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is encional process.  The fee has been calculated as shown below:    Col. 1	Alexandr	ia, VA 22313	-1450						Tachn	alogy Cer
a verified statement previously submitted.  A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enc.  X No additional fee is required.  The fee has been calculated as shown below:  Claims  Remaining  After Amd.  Total  Claims  Total  Claims  Total  Claims  Total  Claims  Total  Claims  Tif the entry in Col. 1 is less than the entry ln Col. 2, write "0" in Col. 3.  If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally	SIR: Tra	nsmitted here	ewith is a	a Response ar	nd Amendn	nent	for the a	above applica	ation. I echin	ology oci
A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is end.  X No additional fee is required.  The fee has been calculated as shown below:  OTHER THAN  (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY  Claims Remaining After Amd. Previously Present Paid For Extra  Total Claims * 19 Minus ** 24 0		omail entity	Status U	n irns applicati	on under 3	7 C.	F.R. §§	1.9 and 1.27	has been e	stablished
The fee has been calculated as shown below:  (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY  Claims Highest No. Previously Present Extra  Total Claims 19 Minus ** 24 0 X9 \$ X18 \$ 0.0  Indep. Claims * 5 Minus *** 5 0 X42 \$ X84 \$ 0.0  First Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally		A verified st	atement	to establish s		statu	ıs under	37 C.F.R. §	§ 1.9 and 1.2	27 is enclo
Col. 1) (Col. 2) (Col. 3) SMALL ENTITY  Claims Remaining After Amd. Previously Present Paid For Extra  Total Claims * 19 Minus ** 24 0 X9 \$ X18 \$ 0.0  Indep. Claims * 5 Minus *** 5 0 X42 \$ X84 \$ 0.0  First Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally	_X	No addition	al fee is	required.						
Claims Remaining After Amd. Previously Present Paid For Extra Previously Present Present Presentation of Multiple Previously Present Previously Present Presentation of Multiple Previously Present Previously Present Previously Present Present Presentation of Multiple Previously Present Previously Present Present Present Present Previously Present	The fee h	nas been calc	ulated a	s shown below	v:				OTHE	R THAN A
Remaining After Amd.  Total Claims  * 19 Minus ** 24 0  Indep. Claims  * 5 Minus *** 5 0  First Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally					(Col. 3)	1	SMAL	L ENTITY		
Total Claims * 19 Minus ** 24 0 X9 \$ X18 \$ 0.0 Indep. Claims * 5 Minus *** 5 0 X42 \$ X84 \$ 0.0 Indep. The sentation of Multiple Dependent Claim(s)					Present			Additional		   Additiona
Claims * 19 Minus ** 24 0 X9 \$ X18 \$ 0.0 Indep. Claims * 5 Minus *** 5 0 X42 \$ X84 \$ 0.0 X84 \$ 0	Total	After Amd.		Paid For	Extra		Rate	Fee	Rate	Fee
Claims		* 19	Minus	** 24	. 0		X9	\$	X18	\$ 0.00
First Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally		* 5	Minus	*** 5	0		X42	\$	X84	\$ 0.00
* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally	Giamile	First Prese	entation	of Multiple			+140	\$	+280	s
write "0" in Col. 3.  Add. Fee	* If th	Dependen ne entry in Col.	t Claim(	(s) than the entry	In Col. 2.					<u> </u>
SPACE is less than 20, write "20" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally	writ	te "0" in Col. 3		•		A				
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally										
from the equivalent box in Col. 1 of a prior amendment or the number of claims originally										
	fror	n the equivale								
filed.	TILE	0.								
Certificate of Mailing.			COLLEGE	ndence is heina	denosited v	vith t	he l Inite	1 States Posts	al Service as f	first clase m
Certificate of Mailing:  Liberally certify that this correspondence is being denosited with the United States Postal Service as first class.	LINCIGOV C	ient postage ir	an enve	lope addressed						
Lertificate of Mailing:  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class with sufficient postage in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents 1450, Alexandria, VA 22313-1450	with suffic									

Applica 37 C.F. A checl Please A dupli X The Co followin No. 02- X	nt(s) hereby Petition(s) for an R. § 1.136(a).  It for \$	ademarks is hereby authorized to charge payment of the mmunication or credit any overpayment to Deposit Account
Date: <u>Jore</u>	<u> </u>	BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP  Cory G. Claassen Attorney for Applicant(s) Reg. No. 50,296
12400 Wilshire Be Seventh Floor Los Angeles, Cali (206) 292-8600		